REPRODUCTIVE HEALTH INFORMATION AND OUTREACH NEEDS ASSESSMENT SURVEY

Why should I do this survey and what will you do with the information?

This survey helps to determine community needs for information about reproductive health. Reproductive health includes topics about birth control, pregnancy issues, sexually transmitted disease/infections, family planning, and related information. It has been developed so you can tell us what information you need. The information that you give will be used to better provide accurate, up-to-date information to meet the need and to prioritize outreach to the community.

Is the information I give kept confidential?

Yes! Please **<u>DO NOT</u>** write your name on this survey. The answers you give will be kept private. No one will know who you are. The questions about your background will **<u>only</u>** be used to describe the type of people who completed the survey.

How much time does it take to complete the survey?

Most average about 10-15 minutes, but please take the time you need to complete the survey.

What do I do when I'm done taking the survey?

Answer the questions as completely as possible then put the completed survey into the large envelope that is labeled "CONFIDENTIAL." For those who are responding by mail, return the completed survey in the prepaid envelop *within the next 7 days*.

<u>Instructions for completing the survey:</u>

- 1. Answer the questions as completely as possible. If you are not sure how to answer a question, write your comment next to the question.
- 2. When finished with the survey, place it in the "CONFIDENTIAL" envelope or for those returning this by mail, use the prepaid envelop and mail *within the next 7 days*.

Thank You Very Much For Your Input!

These questions ask about the need that you or your partner(s) may have for reproductive health information and how important the information is to your life and health.

I. Thinking about the <u>past 12 months</u>, <u>did you or your partner(s)</u> have a <u>need for information</u> regarding the following reproductive health topics? <u>Circle "Yes or No."</u> Also, how much difference would the information have made on your life or health? <u>Circle one number</u> to describe the impact the information would have had on your life or health.

Reproductive Health Topic	Have you or your partner needed more information?	If "YES", how important would this information have been to your life or health? (1 = not important/just curious to 5 = major impact on one's life or health)	Any Comments
Birth control pills	Yes or No	1 2 3 4 5 No impact Some impact Major impact	
Depo-Provera injections	Yes or No	1 2 3 4 5 No impact Some impact Major impact	
Ortho-Evra ("patch")	Yes or No	1 2 3 4 5 No impact Some impact Major impact	
NuvaRing	Yes or No	1 2 3 4 5 No impact Some impact Major impact	
Natural Family Planning/Fertility Awareness Method	Yes or No	1 2 3 4 5 No impact Some impact Major impact	
Condoms for men	Yes or No	1 2 3 4 5 No impact Some impact Major impact	
Condoms for women	Yes or No	1 2 3 4 5 No impact Some impact Major impact	
Diaphragm	Yes or No	1 2 3 4 5 No impact Some impact Major impact	
Spermicides (contraceptive creams/jelly)	Yes or No	1 2 3 4 5 No impact Some impact Major impact	
Birth Control Sponge	Yes or No	1 2 3 4 5 No impact Some impact Major impact	
Emergency Contraception	Yes or No	1 2 3 4 5 No impact Some impact Major impact	
Intrauterine Device (IUDs)	Yes or No	1 2 3 4 5 No impact Some impact Major impact	
Implanon (hormonal implant)	Yes or No	1 2 3 4 5 No impact Some impact Major impact	
Vasectomy (Male sterilization)	Yes or No	1 2 3 4 5 No impact Some impact Major impact	
Female Sterilization	Yes or No	1 2 3 4 5 No impact Some impact Major impact	
Contraceptive failure	Yes or No	1 2 3 4 5 No impact Some impact Major impact	
Breastfeeding and Contraception	Yes or No	1 2 3 4 5 No impact Some impact Major impact	
Breastfeeding as a contraceptive method	Yes or No	1 2 3 4 5 No impact Some impact Major impact	
Menstrual Cycle issues	Yes or No	1 2 3 4 5 No impact Some impact Major impact	

Reproductive Health Topic	Have you or your partner needed more information?	If "YES", how important would this information have been to your life or health? (1 = not important/just curious to 5 = major impact on one's life or health)	Any Comments
Sexual Dysfunction & Viagra information	Yes or No	1 2 3 4 5 No impact Some impact Major impact	
Infertility (difficulty getting pregnant)	Yes or No	1 2 3 4 5 No impact Some impact Major impact	
Teen Sexual Issues	Yes or No	1 2 3 4 5 No impact Some impact Major impact	
Sexually Transmitted Disease/Infections (circle which ones in the comment section)	Yes or No	1 2 3 4 5 No impact Some impact Major impact	Which ones? Chlamydia Syphilis Gonorrhea Herpes Chancroid HIV/AIDS Urethritis Cervicitis Genital Warts (HPV) Pelvic Inflammatory Disease (PID) OTHER:
Treatment of Sexually Transmitted Diseases/Infections	Yes or No	1 2 3 4 5 No impact Some impact Major impact	
Pregnancy	Yes or No	1 2 3 4 5 No impact Some impact Major impact	
Prenatal Care	Yes or No	1 2 3 4 5 No impact Some impact Major impact	
Adoption	Yes or No	1 2 3 4 5 No impact Some impact Major impact	
Pregnancy Termination/Abortion	Yes or No	1 2 3 4 5 No impact Some impact Major impact	
Criteria for starting contraceptive use (who can use what method)	Yes or No	1 2 3 4 5 No impact Some impact Major impact	
OTHER:	Yes or No	1 2 3 4 5 No impact Some impact Major impact	
OTHER:	Yes or No	1 2 3 4 5 No impact Some impact Major impact	

II.	plann	ing, sexu				about preventing STD/STI), or othe	a pregnancy, family er related
III.			r reproductive now more abo		mily planning,	pregnancy, or S	TD/STI topics you
		do you de	-	pe of repro	ductive healtl	n information that	t you seek?
0	nly acts	Only a Review	In-depth Information	Research	Clinical Information	Administrative	Other:
V.	V. Where and how do you like to get new, accurate information (from a medical professional, a friend, the internet, a pamphlet, books, attending a class or group session, the library, hospital, health department, colleagues, professional update periodical, other)?						
VI.	How	often do y	you want or n	eed the info	ormation?		
	cle one		NA south less	A	Othern		
LO	nce	Daily	Monthly	Annually	Other:		

1. **How old are you?** ____ (Write the number of years old) 2. Are you: Male____ or Female ____ 3. What is the highest grade you have completed in school? 9 10 11 12 1 2 3 4 5 6 7 8 13 14 15 16 17+ High School Vocational/Tech/College/Grad School Grade school How would you describe yourself? 4. Circle one: Hispanic Origin Not Hispanic Origin Circle one or more: American Indian or Alaska Native Asian Black or African-American Native Hawaiian or White or Other (please describe): Pacific Islander Caucasian 5. Which best describes your marital status? Circle one: Married | Widowed Divorced/Separated | Single, never Partner of unmarried married couple 6. How many people live in your household, including yourself and any children? 1 10 11 or more

These questions allow a general description of those who completed the survey.

7. How would you describe your current employment status?

Check all that apply:

Employed full-time for wages	College Student	
Employed part-time for wages	High School Student	
Self-employed	Jr. High Student	
Laid off or unemployed	Current Grade:	
Retired	Other:	
Full-time homemaker		

8. What was your household's total income before taxes last year? Include all sources for you and those living in your household.

Check one box:

Less than \$9,999	\$35,000 to \$39,999
\$10,000 to \$14,999	\$40,000 to \$49,999
\$15,000 to \$19,999	\$50,000 to \$59,999
\$20,000 to \$24,999	\$60,000 to \$69,999
\$25,000 to \$29,999	\$70,000 to \$79,999
\$30,000 to \$34,999	\$80,000 to \$99,999
	More than \$100,000

Co	omments:
gre	hat can <i>reproductive</i> health clinics, departments, or agencies in Colorado do to have a eater impact on the community's <i>reproductive</i> health? (Please write your answer in the ace below)
we	by you have any comments about this questionnaire or about your reproductive health? We elcome your comments in general or about specific questions, especially any that were sclear or confusing to you.
_	
	Thank you for completing this questionnaire.
	e return this in the envelope labeled "CONFIDENTIAL" or for those who are responding by mail, the completed survey in the prepaid envelop within the next 7 days addressed to:
	(agency stamp with Attn: here)